

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN178AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 11/06/2009 |
| NAME OF PROVIDER OR SUPPLIER LITTLE ANGEL HOME CARE LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 2570 KEYSTONE AVE RENO, NV 89503 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | Initial Comments Surveyor: 28381 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/06/2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received the grade of B. The facility is licensed for 5 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 5. Five resident files were reviewed and 4 employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified: | Y 000 | | |
| Y 105 SS=D | 449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 11/06/2009, the | Y 105 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 105 | Continued From page 1 facility failed to ensure 1 of 4 caregivers met background check requirements (Employee #3 did not show evidence of an FBI background check). Severity: 2 Scope: 1 | Y 105 | | | |
| Y 442 SS=C | 449.229(7)(b) Smoking Policy NAC 449.229 7. The administrator shall ensure that a written policy on smoking is developed and carried out by the facility. The policy must be: (b) Posted in a common area of the facility. This Regulation is not met as evidenced by: Surveyor: 28381 Based on observation on 11/06/2009, the facility failed to ensure that its smoking policy was posted in a common area of the facility Severity 1 Scope 3 | Y 442 | | | |
| Y 878 SS=F | 449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. | Y 878 | | | |

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| Y 878 | Continued From page 2 This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review and interview on 11/06/2009, the facility failed to ensure that 3 of 5 residents received medications as prescribed (Residents #1, #3 and #4). Severity: 2 Scope: 3 | Y 878 | | | |
| Y 895 SS=C | 449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. | Y 895 | | | |

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| Y 895 | Continued From page 3 This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 11/06/2009, the facility failed to ensure the medication administration record (MAR) was accurate for 3 of 5 residents (Resident #1, #3 and #4). Severity: 1 Scope: 3 | Y 895 | | | |
| Y 908 SS=B | 449.2746(2)(a)-(f) PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 11/06/09, the administrator did not ensure that "as needed" (PRN) medication records were used by the facility for 2 of 5 residents with prescriptions for | Y 908 | | | |

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| Y 908 | Continued From page 4 PRN medications (Residents #1 and #3). Severity: 1 Scope: 2 | Y 908 | | |
| Y 936 SS=F | 449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 11/06/2009, the facility failed to ensure 1 of 5 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #3) which affected all residents. Severity: 2 Scope: 3 | Y 936 | | |

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